

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-15-00
O.I.P.E. CLASSIFIER	AF	829	10/18/00
FORMALITY REVIEW	MD	JCR	04/10/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	02060100
2	07022921
3	03030404
4	✓ ✓ A
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ ✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy